

FILED MAR 8 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2020

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 495	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rich Hts Mo</u>		c. LENGTH OF STAY (In this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hts Mo 44th</u>		d. STREET ADDRESS (If rural, give location) <u>1756 Moorlander Ln</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Dr Marya Stoop</u>				d. STREET ADDRESS (If rural, give location) <u>1756 Moorlander Ln</u>			
3. NAME OF DECEASED (Type or Print) <u>JULIA</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		Month		Day		Year	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, <u>Y</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
9. AGE (In years last birthday) <u>53</u>		10. MONTHS <u>1</u>		11. HOURS <u>1</u>		12. MIN. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Donovan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sullivan</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas J. McEntee</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>499-12-3955</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas J. McEntee</u>		18. ADDRESS <u>8731 Montclair Ln</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Bronchitis Cordis</u> <u>Valvular disease</u> <u>Arteriosclerosis</u> <u>Ischemic</u> <u>Coronary Artery Disease</u> <u>Myocardial Infarction</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP <u>St Louis</u>		21c. COUNTY <u>St Louis</u>		21d. STATE <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>		22. I hereby certify that I attended the deceased from <u>2/10, 1950</u> , to <u>2/23, 1950</u> , that I last saw the deceased alive on <u>2/23, 1950</u> , and that death occurred at <u>2/23, 1950</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>James J. Pithers</u>		23b. ADDRESS <u>16125 Barton Rd</u>		23c. DATE SIGNED <u>2/26/50</u>		24. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
24a. DATE <u>Feb 27-1950</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Calvary Cms</u>		24c. LOCATION (City, town, or county) <u>St Louis Mo</u>		24d. STATE <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-26-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Douds, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Lockington</u>		ADDRESS <u>Room 6536 Clay Co Rd</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed E. Conroy Remelbas

Licensed Embalmer No. 4293

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.